

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

Friends of Mark Becker

Street Address

248 Williams Street

City, State and Zip Code

Pulaski, WI 54162



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

☐ January Continuing _____

☐ Pre-Primary _____

☐ July Continuing _____

☒ Spring

☐ Fall

☐ Special

☐ September Continuing _____

☒ Pre-Election *2016*

☐ Termination Report
also complete Schedule 4

**SUMMARY OF RECEIPTS AND
DISBURSEMENTS**

Column A
This Period

Column B
Calendar
Year-To-Date

1. RECEIPTS

1A. Contributions (Including Loans) from Individuals

\$ *1,025.00*

\$ *2,760.00*

1B. Contributions from Committees (Transfers-In)

\$ *—*

\$ *—*

1C. Other Income and Commercial Loans

\$ *—*

\$ *—*

TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)

\$ *1,025.00*

\$ *2,760.00*

2. DISBURSEMENTS

2A. Gross Expenditures

\$ *691.35*

\$ *1,248.49*

2B. Contributions to Committees (Transfers-Out)

\$ *—*

\$ *—*

TOTAL DISBURSEMENTS (Add totals from 2A and 2B)

\$ *691.35*

\$ *1,248.49*

CASH SUMMARY

Cash Balance Beginning of Report

\$ *1,177.86*

Total Receipts

\$ *1,025.00*

Subtotal

\$ *2,202.86*

Total Disbursements

\$ *691.35*

CASH BALANCE END OF REPORT

\$ *1,511.51*

INCURRED OBLIGATIONS

(Balance at the Close of This Period-3A)

\$ *0.00*

LOANS (Balance at the Close of This Period-3B)

\$ *400.00*

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

Kelly R. Ruh, Treasurer

Signature of Candidate or Treasurer

Kelly R. Ruh
Email *ruhkelly@gmail.com*

Date: *3/30/16*

Daytime Phone: *920-660-7378*

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

SCHEDULE 1-A**RECEIPTS****Contributions (Including Loans) From Individuals**Page 1 of 1

Complete Committee Name

Friends of Mark Becker

Instructions for completing schedules are on the back of each schedule.

| Date | Full Name, Mailing Address and Zip Code Of Contributor | Occupation (if year-to-date total exceeds \$200) | Amount of Contribution | Y-T-D Total |
|---------|--|--|---------------------------|----------------|
| 3/15/16 | Robert Atwell 3486 Solitude Rd. De Pere, WI 54115 | Banker | \$250 | \$250 |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | | |
| 3/15/16 | Mark Becker 248 Williams St. Pulaski, WI 54162 | Finance Manager LeMieux Toyota | \$150 | \$350 |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | | |
| 3/25/16 | Fran Chapman Frigo 1245 Outward Ave. De Pere, WI 54115-1822 | — | \$100 | \$100 |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | | |
| 3/10/16 | Suzan Maccio 1874 Old Valley Rd. De Pere, WI 54115-3370 | — | \$100 | \$100 |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | | |
| 2/8/16 | Harry Maccio 2986 County Rd. PP De Pere, WI 54115 | — | \$100 | \$100 |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | | |
| 2/8/16 | JR Hamann 558 Pinehurst Ave Green Bay WI 54302-4212 | Retired | \$300 | \$300 |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | | |
| 2/8/16 | Victoria Gilsou 11615 Sue Ln. Green Bay WI 54304 | — | \$25 | \$25 |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | | |

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 1,025 1,425

TOTAL ITEMIZED CONTRIBUTIONS

\$ 1,025 1,425

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$ — —

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 1,025 1,425

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SCHEDULE 2-A
DISBURSEMENTS
 Gross Expenditures

 Page 1 of 1

Complete Committee Name

Friends of Mark Becker

Instructions for completing schedules are on the back of each schedule.

| Date | Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made | Specific Purpose of Expenditure | Amount |
|---------|--|-----------------------------------|----------|
| 2/22/16 | Heyrman Printing 2083 Holmgren Way Green Bay WI 54304 Check if: <input type="checkbox"/> In-Kind Offset | Campaign mailer | \$625.80 |
| 2/29/16 | Nicolet National Bank Check if: <input type="checkbox"/> In-Kind Offset | Service charge on bank account | \$ 5.00 |
| 3/1/16 | Face book Check if: <input type="checkbox"/> In-Kind Offset | Face book Advertising | \$ 11.55 |
| 3/14/16 | Super Ron's 965 Cty Rd. B Pulaski, WI 54162 Check if: <input type="checkbox"/> In-Kind Offset | Postage | \$ 49.00 |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$ 691.35

TOTAL ITEMIZED EXPENDITURES

\$ 691.35

TOTAL UNITEMIZED EXPENDITURES

\$ —

TOTAL EXPENDITURES

\$ 691.35

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SCHEDULE 3-B

Loans
Individual, Committee or Commercial
ADDITIONAL DISCLOSURE

Page 1 of 1

Complete Committee Name

Friends of Mark Becker

Instructions for completing schedules are on the back of each schedule.

| Date | Full Name, Mailing Address and Zip Code of Loan Source | Outstanding Obligations Beginning of This Period | New Loans This Period | Cumulative Payments This Period | Outstanding Obligations End of This Period |
|--------|---|--|-----------------------|---------------------------------|--|
| 1/4/16 | Mark S. Becker 248 Williams St. Pulaski, WI 54162 | 400.00 | — | — | 400.00 |

List All Endorsers or Guarantors (if any)

N/A

Full Name, Mailing Address and Zip Code of Guarantor

Occupation

Amount Guaranteed Outstanding

\$

Full Name, Mailing Address and Zip Code of Guarantor

Occupation

Amount Guaranteed Outstanding

\$

| Date | Full Name, Mailing Address and Zip Code of Loan Source | Outstanding Obligations Beginning of This Period | New Loans This Period | Cumulative Payments This Period | Outstanding Obligations End of This Period |
|------|--|--|-----------------------|---------------------------------|--|
| / / | | | | | |

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor

Occupation

Amount Guaranteed Outstanding

\$

Full Name, Mailing Address and Zip Code of Guarantor

Occupation

Amount Guaranteed Outstanding

\$

| Date | Full Name, Mailing Address and Zip Code of Loan Source | Outstanding Obligations Beginning of This Period | New Loans This Period | Cumulative Payments This Period | Outstanding Obligations End of This Period |
|------|--|--|-----------------------|---------------------------------|--|
| / / | | | | | |

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor

Occupation

Amount Guaranteed Outstanding

\$

Full Name, Mailing Address and Zip Code of Guarantor

Occupation

Amount Guaranteed Outstanding

\$

SUBTOTAL OUTSTANDING LOANS THIS PAGE

\$ 400.00

TOTAL OUTSTANDING LOANS

\$ 400.00

*****End of Report*****

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**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☒ No

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COMMITTEE IDENTIFICATION

Name of Committee

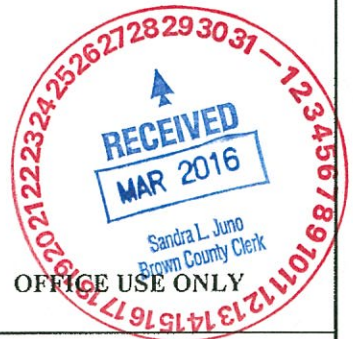
Jamie Blom for District 23

Street Address

2883 Hillcrest Ct

City, State and Zip Code

Green Bay, WI 54313



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

☐ January Continuing _____
 ☐ Pre-Primary _____
 ☒ Spring
 ☐ Fall
 ☐ Special
 ☐ Termination Report also complete Schedule 4

☐ July Continuing _____
 ☐ September Continuing _____
 ☒ Pre-Election *2016*

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

| | Column A This Period | Column B Calendar Year-To-Date |
|---|-------------------------|--------------------------------------|
| 1A. Contributions (Including Loans) from Individuals | \$ <i>494.00</i> | \$ |
| 1B. Contributions from Committees (Transfers-In) | \$ | \$ |
| 1C. Other Income and Commercial Loans | \$ | \$ |
| TOTAL RECEIPTS (Add totals from 1A, 1B and 1C) | \$ <i>494.00</i> | \$ |

2. DISBURSEMENTS

| | | |
|--|------------------|----|
| 2A. Gross Expenditures | \$ <i>913.91</i> | \$ |
| 2B. Contributions to Committees (Transfers-Out) | \$ | \$ |
| TOTAL DISBURSEMENTS (Add totals from 2A and 2B) | \$ | \$ |

CASH SUMMARY

| | |
|---|------------------|
| Cash Balance Beginning of Report | \$ <i>433.00</i> |
| Total Receipts | \$ <i>494.00</i> |
| Subtotal | \$ <i>927.00</i> |
| Total Disbursements | \$ <i>913.91</i> |
| CASH BALANCE END OF REPORT | \$ <i>13.09</i> |
| INCURRED OBLIGATIONS (Balance at the Close of This Period-3A) | \$ |
| LOANS (Balance at the Close of This Period-3B) | \$ |

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

| | | |
|---|--|------------------------------------|
| Type or Print Name of Candidate or Treasurer <i>Jamie Blom</i> | Signature of Candidate or Treasurer <i>Jamie Blom</i> | Date: <i>3/27/16</i> |
| | Email: <i>jmeblom@hotmail.com</i> | Daytime Phone: <i>920-765-1272</i> |

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

SCHEDULE 1-A
RECEIPTS
Contributions (Including Loans) From Individuals

Page ____ of ____

Complete Committee Name

Jamie Blom

Instructions for completing schedules are on the back of each schedule.

| Date | Full Name, Mailing Address and Zip Code Of Contributor | Occupation (if year-to-date total exceeds \$200) | Amount of Contribution | Y-T-D Total |
|---------|--|--|---------------------------|----------------|
| 2/24/16 | Bradley Toll 1246 Prairie Falcon Trl Green Bay, WI 54313 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | \$75.00 | |
| 2/24/16 | Mark Kwaterski 4100 Crooked Stick Ct Oneida, WI 54155 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | \$100.00 | |
| 3/7/16 | Vern + Judy Krawczyk 2495 Manitowoc Rd Green Bay, WI Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | \$50.00 | |
| 3/8/16 | Marian Krumberger 3196 Harbor Winds Dr Suamico, WI 54173 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | \$25.00 | |
| 3/27/16 | Jamie Blom 2883 Hillcrest Ct Green Bay, WI Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | \$244.00 | |
| | | | | |
| | | | | |

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 494.00

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$

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SCHEDULE 2-A
DISBURSEMENTS
Gross Expenditures

Page ____ of ____

Complete Committee Name

Jamie Blom for District 23

Instructions for completing schedules are on the back of each schedule.

| Date | Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made | Specific Purpose of Expenditure | Amount |
|---------|--|-------------------------------------|--------|
| 2/19/16 | Van Lanen Printing | Campaign Literature | 157.50 |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| 3/8/16 | Van Lanen Printing | Post Campaign Literature | 653.51 |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| 3/10/16 | Walmart | Postage | 49.00 |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| 3/10/16 | U.S. Post office | Postage | 53.90 |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| | | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| | | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| | | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |

 SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ *913.91*

 TOTAL ITEMIZED EXPENDITURES \$ *913.91*

TOTAL UNITEMIZED EXPENDITURES \$

 TOTAL EXPENDITURES \$ *913.91*
*****End of Report*****
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CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

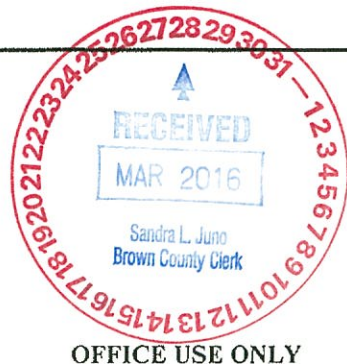
Friends of Patrick Evans

Street Address

318 David Drive

City, State and Zip Code

Green Bay, WI 54303-3307



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

- ☐ January Continuing _____
 ☐ Pre-Primary _____
 ☒ Spring
 ☐ Fall
 ☐ Special
 ☐ Termination Report also complete Schedule 4
- ☐ July Continuing _____
 ☒ Pre-Election *SPRING 2016*
- ☐ September Continuing _____

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

| | Column A This Period | Column B Calendar Year-To-Date |
|---|-------------------------|--------------------------------------|
| 1A. Contributions (Including Loans) from Individuals | \$ - 0 - | \$ - 0 - |
| 1B. Contributions from Committees (Transfers-In) | \$ - 0 - | \$ - 0 - |
| 1C. Other Income and Commercial Loans | \$ - 0 - | \$ - 0 - |
| TOTAL RECEIPTS (Add totals from 1A, 1B and 1C) | \$ - 0 - | \$ - 0 - |

2. DISBURSEMENTS

| | | |
|--|----------|----------|
| 2A. Gross Expenditures | \$ 9.00 | \$ 9.00 |
| 2B. Contributions to Committees (Transfers-Out) | \$ - 0 - | \$ - 0 - |
| TOTAL DISBURSEMENTS (Add totals from 2A and 2B) | \$ 9.00 | \$ 9.00 |

CASH SUMMARY

| | |
|---|-------------|
| Cash Balance Beginning of Report | \$ 1,605.06 |
| Total Receipts | \$ - 0 - |
| Subtotal | \$ 1,605.06 |
| Total Disbursements | \$ 9.00 |
| CASH BALANCE END OF REPORT | \$ 1,596.06 |
| INCURRED OBLIGATIONS (Balance at the Close of This Period-3A) | \$ - 0 - |
| LOANS (Balance at the Close of This Period-3B) | \$ 2,100.00 |

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

| | | |
|--|-------------------------------------|---------------------|
| Type or Print Name of Candidate or Treasurer | Signature of Candidate or Treasurer | Date: |
| <i>JAY TIBBETTS, MD TREASURER</i> | <i>Jay Tibbets, MD</i> | <i>3-26-16</i> |
| | Email | Daytime Phone: |
| | <i>jaytibbets@att.net</i> | <i>920 444 2265</i> |

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

SCHEDULE 2-A

DISBURSEMENTS Gross Expenditures

Page ____ of ____

Complete Committee Name

Friends of Patrick Evans

Instructions for completing schedules are on the back of each schedule.

| Date | Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made | Specific Purpose of Expenditure | Amount |
|--|--|---------------------------------|----------------|
| 1-1-16 TO 3-1-16 | <i>Edward Jones</i> <i>3313 Parker, Suite A-1</i> <i>DePue, WI 54115</i> | <i>Account Fees</i> | <i>9.00</i> |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE | | | \$ <i>9.00</i> |
| TOTAL ITEMIZED EXPENDITURES | | | \$ <i>9.00</i> |
| TOTAL UNITEMIZED EXPENDITURES | | | \$ <i>9.00</i> |
| TOTAL EXPENDITURES | | | \$ <i>9.00</i> |

*****End of Report*****

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**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

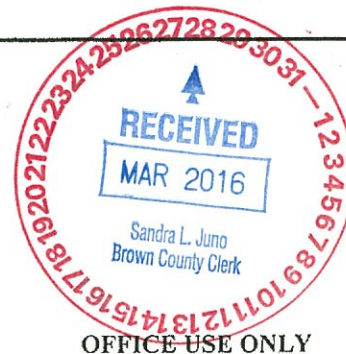
GALT for BROWN County

Street Address

1426 S. JACKSON

City, State and Zip Code

Green Bay, WI 54301



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

☐ January Continuing _____

☐ Pre-Primary _____

☐ July Continuing _____

☒ Spring

☐ Fall

☐ Special

☐ September Continuing _____

☒ Pre-Election 2016

☐ Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

| | Column A This Period | Column B Calendar Year-To-Date |
|---|-------------------------|--------------------------------------|
| 1A. Contributions (Including Loans) from Individuals | \$ 1587.00 | \$ 1587.00 |
| 1B. Contributions from Committees (Transfers-In) | \$ 200.00 | \$ 200.00 |
| 1C. Other Income and Commercial Loans | \$ — | \$ — |
| TOTAL RECEIPTS (Add totals from 1A, 1B and 1C) | \$ | \$ 1787.00 |

2. DISBURSEMENTS

| | | |
|--|----|------------|
| 2A. Gross Expenditures | \$ | \$ 1767.83 |
| 2B. Contributions to Committees (Transfers-Out) | \$ | \$ |
| TOTAL DISBURSEMENTS (Add totals from 2A and 2B) | \$ | \$ 1767.83 |

CASH SUMMARY

| | |
|---|------------|
| Cash Balance Beginning of Report | \$ 0.00 |
| Total Receipts | \$ 1787.00 |
| Subtotal | \$ 1787.00 |
| Total Disbursements | \$ 1767.83 |
| CASH BALANCE END OF REPORT | \$ 19.17 |
| INCURRED OBLIGATIONS (Balance at the Close of This Period-3A) | \$ — |
| LOANS (Balance at the Close of This Period-3B) | \$ — |

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

| | | |
|---|---|-----------------------------|
| Type or Print Name of Candidate or Treasurer ALEX GALT | Signature of Candidate or Treasurer | Date: 3/28/16 |
| Email GALTforBROWNCounty@GMAIL.COM | | Daytime Phone: 920 246-0199 |

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

SCHEDULE 1-A
RECEIPTS
Contributions (Including Loans) From Individuals

Page ____ of ____

Complete Committee Name

GALT for BROWN COUNTY

Instructions for completing schedules are on the back of each schedule.

| Date | Full Name, Mailing Address and Zip Code Of Contributor | Occupation (if year-to-date total exceeds \$200) | Amount of Contribution | Y-T-D Total |
|---------|---|--|---------------------------|----------------|
| 2/18/16 | Alex Galt 1426 S. JACKSON Green Bay, WI 54301 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | Restaurateur | \$200 ⁰⁰ | |
| 2/23/16 | HARRY WITT 3700 Hartford St. St. Louis, MO 63116 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | School teacher | \$100 | |
| 3/7/16 | Janice Galt 239 E. Mission Rd Green Bay, WI 54301 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | Retired school teacher | \$500 ⁰⁰ | |
| 3/6/16 | Laurel Wanters 2619 E. Glacier Dr. Green Bay, WI 54302 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | SHAMAN | \$500 ⁰⁰ | |
| 3/6/16 | Michael DRAVEY 1275 Eliza Street Green Bay, WI 54301 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | ENTYMOLOGIST | \$25 ⁰⁰ | |
| 3/6/16 | ANDREW RADER 5046 N. WINCHESTER CHICAGO, IL 60640 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | MUSICIAN | \$200 ⁰⁰ | |
| 3/0/16 | Celestine JEFFREYS 614 Kellogg Street Green Bay, WI 54303 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | Green Bay Area Public Schools | \$200 ⁰⁰ | |

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 915⁰⁰

TOTAL ITEMIZED CONTRIBUTIONS

\$ 915⁰⁰

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 915⁰⁰

Pg. 2

Complete Committee Name

Alex Galt

Instructions for completing schedules are on the back of each schedule.

| Date | Full Name, Mailing Address and Zip Code Of Contributor | Occupation (if year-to-date total exceeds \$200) | Amount of Contribution | Y-T-D Total |
|---------|--|--|---------------------------|----------------|
| 3/7/16 | DAISHY FUNK 215 10th Street Seal Beach, CA 90740 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | \$100 ⁰⁰ | |
| 3/8/16 | VIVIAN BENGTSON 2385 S. KIRKWOOD DENVER, CO 80222 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | \$50 ⁰⁰ | |
| 3/8/16 | Debra Stover 2578 HUNTINGTON WAY SUNAMICO, WI 54173 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | \$200 ⁰⁰ | |
| 3/15/16 | SANDRA SHACKELFORD 1373 ELIZA ST. Green Bay, WI 54301 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | \$25 ⁰⁰ | |
| 3/13/16 | NANCY C. COLFORD 1032 S. IRWIN AVE Green Bay, WI 54301 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | \$25 ⁰⁰ | |
| 3/13/16 | JIM MORAN 1120 MCCORMICK ST Green Bay, WI 54301 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | \$25 ⁰⁰ | |
| 3/12/16 | STEVEN M. KRINGS 340 GRAASS ST. Green Bay, WI 54301 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | \$50 ⁰⁰ | |

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$475⁰⁰

TOTAL ITEMIZED CONTRIBUTIONS

\$1391⁰⁰

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$1391⁰⁰

Pg. 3

Complete Committee Name

Alex Galt

Instructions for completing schedules are on the back of each schedule.

| Date | Full Name, Mailing Address and Zip Code Of Contributor | Occupation (if year-to-date total exceeds \$200) | Amount of Contribution | Y-T-D Total |
|------------|---|--|---------------------------|----------------|
| 3/13/16 | NANETTE NELSON 937 S. MONROE Green Bay, WI 54301 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | 25 ⁰⁰ | |
| 3/13/16 | JAMES WALK 1241 LAWE ST. Green Bay, WI 54301 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | 50 ⁰⁰ | |
| 3/13/16 | LAWRENCE FRYE 147 N. BROADWAY Green Bay, WI 54303 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | 45 ⁰⁰ | |
| 2/13/16 | ANONYMOUS Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | \$10 | |
| 3/13/16 | ANONYMOUS Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | \$10 | |
| 3/13/16 | ANONYMOUS Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | \$10 | |
| 4. 3/13/16 | ANONYMOUS Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | \$10 | |

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 160⁰⁰

TOTAL ITEMIZED CONTRIBUTIONS

\$ ~~1118⁰⁰~~ 1551⁰⁰

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$ 40

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ ~~1158⁰⁰~~ 1551⁰⁰ Pg. 4

Complete Committee Name

Alex Galt

Instructions for completing schedules are on the back of each schedule.

| Date | Full Name, Mailing Address and Zip Code Of Contributor | Occupation (if year-to-date total exceeds \$200) | Amount of Contribution | Y-T-D Total |
|---------|--|--|---------------------------|----------------|
| 3/13/16 | ANONYMOUS | | \$10 | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | | |
| 3/13/16 | ANONYMOUS | | \$1 | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | | |
| 3/18/16 | SARAH O'DONNELL | | \$25 ⁰⁰ | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | | |

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 36⁰⁰

TOTAL ITEMIZED CONTRIBUTIONS

\$ 1587⁰⁰

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 1587⁰⁰

SCHEDULE 1-B**RECEIPTS**
Contributions from Committees
(Transfers-In)

Page ____ of ____

Complete Committee Name

Alex Galt

Instructions for completing schedules are on the back of each schedule.

| Date | Full Name of Committee, Mailing Address and Zip Code | Committee Ethics ID Number | Amount of Contribution |
|---|--|----------------------------|------------------------|
| 3/13/16 | FRIENDS of ERIC GENDRICH 1089 DIVISION ST. GREEN BAY, WI 54303 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | #0105257 | \$100 ⁰⁰ |
| 3/10/16 | Democratic Party of BROWN COUNTY Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | #0300016 | \$100 ⁰⁰ |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | | |
| SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE | | | \$ |
| TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES | | | \$ |

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SCHEDULE 2-A
DISBURSEMENTS
 Gross Expenditures

 Page 1 of 2

Complete Committee Name

GALT for Brown County

Instructions for completing schedules are on the back of each schedule.

| Date | Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made | Specific Purpose of Expenditure | Amount |
|---------|--|---------------------------------|---------------------|
| 2/29/16 | Democratic Party of Wisc. | VOTER LIST | \$145 ⁸⁷ |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| 3/7 | TARGET | PAPER | \$20 ⁹⁶ |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| 3/6/16 | PAYPAL | FEES | \$3.66 |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| 3/8/16 | Colormaster | RACK CARD PRINTING | \$363 ⁸⁰ |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| 3/11/16 | Colormaster | PRINTING | \$494 ⁰⁰ |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| 3/14/16 | Paypal | Fees | \$3 ²⁰ |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| 3/24/16 | Postcardmania | Mailin | \$695 ⁹⁵ |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| 3/21/16 | Paypal | fees | \$1.03 |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |

| | |
|--|------------|
| SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE | \$ 1727.99 |
| TOTAL ITEMIZED EXPENDITURES | \$ 1729.99 |
| TOTAL UNITEMIZED EXPENDITURES | \$ |
| TOTAL EXPENDITURES | \$ 1727.99 |

Pg. 7

SCHEDULE 2 A
DISBURSEMENTS
Gross Expenditures

Page 2 of 2

Complete Committee Name

GALT for Brower County

Instructions for completing schedules are on the back of each schedule.

| Date | Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made | Specific Purpose of Expenditure | Amount |
|--|---|---------------------------------|------------|
| 3/3 | square space . com Check if: <input type="checkbox"/> In-Kind Offset | website hosting | \$32.00 |
| 3/15 | us. post office Check if: <input type="checkbox"/> In-Kind Offset | postage | \$7.84 |
| 3/9 | Democratic Party of Brower County Check if: <input checked="" type="checkbox"/> In-Kind Offset | Design work | \$50.00 |
| | Check if: <input checked="" type="checkbox"/> In-Kind Offset | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE | | | \$ 39.84 |
| TOTAL ITEMIZED EXPENDITURES | | | \$ 1767.89 |
| TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS | | | \$ |
| TOTAL EXPENDITURES | | | \$ 1767.89 |

*****End of Report*****

Pg. 8

CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

Friends of Staush Gruszynski

Street Address

1715 Deckner Ave.

City, State and Zip Code

Green Bay, WI, 54302



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

☐ January Continuing _____
 ☐ Pre-Primary _____
 ☒ Spring
 ☐ Fall
 ☐ Special
 ☐ Termination Report also complete Schedule 4

☐ July Continuing _____
 ☒ Pre-Election *16*

☐ September Continuing _____

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

| | Column A This Period | Column B Calendar Year-To-Date |
|---|-------------------------|--------------------------------------|
| 1A. Contributions (Including Loans) from Individuals | \$ <i>- 0 -</i> | \$ <i>625.00</i> |
| 1B. Contributions from Committees (Transfers-In) | \$ <i>- 0 -</i> | \$ <i>-</i> |
| 1C. Other Income and Commercial Loans | \$ <i>- 0 -</i> | \$ <i>-</i> |
| TOTAL RECEIPTS (Add totals from 1A, 1B and 1C) | \$ <i>- 0 -</i> | \$ <i>-</i> |

2. DISBURSEMENTS

| | | |
|--|------------------|------------------|
| 2A. Gross Expenditures | \$ <i>- 0 -</i> | \$ <i>-</i> |
| 2B. Contributions to Committees (Transfers-Out) | \$ <i>250.00</i> | \$ <i>250.00</i> |
| TOTAL DISBURSEMENTS (Add totals from 2A and 2B) | \$ <i>250.00</i> | \$ <i>250.00</i> |

CASH SUMMARY

| | |
|---|-------------------|
| Cash Balance Beginning of Report | \$ <i>1208.33</i> |
| Total Receipts | \$ <i>- 0 -</i> |
| Subtotal | \$ <i>1208.33</i> |
| Total Disbursements | \$ <i>250.00</i> |
| CASH BALANCE END OF REPORT | \$ <i>958.33</i> |
| INCURRED OBLIGATIONS (Balance at the Close of This Period-3A) | \$ <i>-</i> |
| LOANS (Balance at the Close of This Period-3B) | \$ <i>-</i> |

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

| | | |
|--|--|------------------------------------|
| Type or Print Name of Candidate or Treasurer | Signature of Candidate or Treasurer | Date: <i>3-28-16</i> |
| <i>Staush Gruszynski</i> | <i>Staush Gruszynski</i> | Daytime Phone: <i>920.216.3793</i> |
| | Email: <i>Staush4district5@gmail.com</i> | |

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

SCHEDULE 2-B

DISBURSEMENTS Contributions To Committees (Transfers-Out)

Page ____ of ____

Complete Committee Name

Friends of Staush Gruszynski

Instructions for completing schedules are on the back of each schedule.

| Date | Full Name, Mailing Address and Zip Code | Committee Ethics ID Number | Amount | Y-T-D Total |
|--|--|----------------------------|-----------|-------------|
| 3-14-16 | Democratic Party of Brown County Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | 0300016 | \$250.00 | \$250.00 |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | | | |
| SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE | | | \$ 250.00 | 250.00 |
| TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES | | | \$ 250.00 | 250.00 |

*****End of Report*****

Pg. 2

CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

Citizens for Hoyer

Street Address

818 Eliza Street

City, State and Zip Code

Green Bay WI 54301

OFFICE USE ONLY

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

☐ January Continuing ☐ Pre-Primary ☐ Spring ☐ Fall ☐ Special
☐ July Continuing ☒ Pre-Election 16 ☒ Spring ☐ Fall ☐ Special

☐ Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

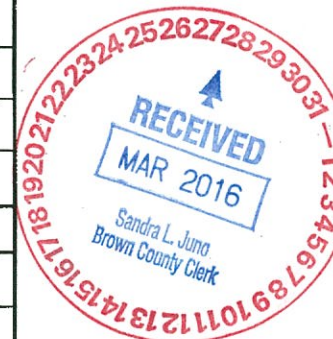
| | Column A This Period | Column B Calendar Year-To-Date |
|---|-------------------------|--------------------------------------|
| 1A. Contributions (Including Loans) from Individuals | \$ 825 | \$ 825 |
| 1B. Contributions from Committees (Transfers-In) | \$ 265 | \$ 265 |
| 1C. Other Income and Commercial Loans | \$ - | \$ - |
| TOTAL RECEIPTS (Add totals from 1A, 1B and 1C) | \$ 1090 | \$ 1090 |

2. DISBURSEMENTS

| | | |
|--|------------|------------|
| 2A. Gross Expenditures | \$ 1003.09 | \$ 1003.09 |
| 2B. Contributions to Committees (Transfers-Out) | \$ - | \$ - |
| TOTAL DISBURSEMENTS (Add totals from 2A and 2B) | \$ 1003.09 | \$ 1003.09 |

CASH SUMMARY

| | |
|---|------------|
| Cash Balance Beginning of Report | \$ - |
| Total Receipts | \$ 1090.00 |
| Subtotal | \$ 1090.00 |
| Total Disbursements | \$ 1003.09 |
| CASH BALANCE END OF REPORT | \$ 86.91 |
| INCURRED OBLIGATIONS (Balance at the Close of This Period-3A) | \$ - |
| LOANS (Balance at the Close of This Period-3B) | \$ - |



I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

Erik Hoyer

Signature of Candidate or Treasurer

[Signature]

Date: 03/28/15

Daytime Phone: 920-437-3671

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

GAB-2L (Rev. 12/09) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

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SCHEDULE 1-A
RECEIPTS
Contributions (Including Loans) From Individuals

Page ____ of ____

Complete Committee Name

Erik Hoyer

Instructions for completing schedules are on the back of each schedule.

| Date | Full Name, Mailing Address and Zip Code | Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) | Amount | Calendar Year-to-Date Total |
|---------|---|---|--------|-----------------------------|
| 3/12/16 | Michael Draney 1275 Eliza St Green Bay WI 54301 | Professor | 25 | 25 |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit | Conduit Name: | | |
| 1/20/16 | Erik Hoyer 818 Eliza St | Director of Research Noel Levitz Cedar Rapids, IA 52404 | 800 | 800 |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit | Conduit Name: | | |
| / / | Full Name, Mailing Address and Zip Code | Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) | Amount | Calendar Year-to-Date Total |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit | Conduit Name: | | |
| / / | Full Name, Mailing Address and Zip Code | Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) | Amount | Calendar Year-to-Date Total |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit | Conduit Name: | | |
| / / | Full Name, Mailing Address and Zip Code | Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) | Amount | Calendar Year-to-Date Total |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit | Conduit Name: | | |
| / / | Full Name, Mailing Address and Zip Code | Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) | Amount | Calendar Year-to-Date Total |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit | Conduit Name: | | |
| / / | Full Name, Mailing Address and Zip Code | Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) | Amount | Calendar Year-to-Date Total |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit | Conduit Name: | | |

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 825

TOTAL ITEMIZED CONTRIBUTIONS

\$ 825

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$ -

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 825

Pg. 2

SCHEDULE 1-B
RECEIPTS
Contributions from Committees
(Transfers-In)

Page ____ of ____

Complete Committee Name

Erik Hoyer

Instructions for completing schedules are on the back of each schedule.

| Date | Full Name of Committee, Mailing Address and Zip Code | Amount | Calendar Year-To-Date Total |
|---|--|--------|-----------------------------|
| 3/17/16 | Wisconsin Progress CAB # 05 01401 Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan | \$65 | \$65 |
| 3/09/16 | Democratic Party of Brown County 118 S. Chestnut St, Green Bay WI 54303 Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan | \$100 | |
| 2/23/16 | Democratic Party of Brown County 118 S Chestnut St, Green Bay WI 54303 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | \$100 | \$200 |
| / / | Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | Amount | Calendar Year-To-Date Total |
| / / | Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | Amount | Calendar Year-To-Date Total |
| / / | Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | Amount | Calendar Year-To-Date Total |
| / / | Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | Amount | Calendar Year-To-Date Total |
| / / | Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | Amount | Calendar Year-To-Date Total |
| / / | Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | Amount | Calendar Year-To-Date Total |
| / / | Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | Amount | Calendar Year-To-Date Total |
| SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE | | \$ 265 | Pg. 3 |
| TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES | | \$ 265 | |

SCHEDULE 2-A
DISBURSEMENTS
Gross Expenditures

Page ____ of ____

Complete Committee Name

Erik Hoyer

Instructions for completing schedules are on the back of each schedule.

| Date | Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made | Specific Purpose of Expenditure | Amount |
|---------|--|--|--------|
| 1/20/16 | Democratic Party of Wisconsin via ActBlue online | Voter Action Network Software | 142.33 |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| 3/8/16 | Friede Printing 2011 S. 14th Street Manitowish, WI 54220 | Fliers, postage for campaign materials | 801.96 |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| 3/24/16 | US Post Office 118 Monroe Ave Green Bay, WI 54301 | Postage | 49.00 |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| 3/27/16 | US Post Office 118 Monroe Ave Green Bay, WI 54301 | Postage | 9.80 |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| / / | Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made | Specific Purpose of Expenditure | Amount |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| / / | Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made | Specific Purpose of Expenditure | Amount |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| / / | Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made | Specific Purpose of Expenditure | Amount |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| / / | Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made | Specific Purpose of Expenditure | Amount |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| / / | Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made | Specific Purpose of Expenditure | Amount |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$ 1003.09

TOTAL ITEMIZED EXPENDITURES

\$ 1003.09

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS

\$ -

TOTAL EXPENDITURES

\$ 1003.09

*****End of Report*****

Pg. 4

Campaign Finance ReportShort Form EB-2a
State Elections Board

☒ Spring ☐ Fall ☐ Special Pre-Primary ☐ Continuing Report due Jan. 31, _____
☐ Spring ☐ Fall ☐ Special Pre-Election 2016 ☐ Continuing Report due July 20, _____

Thomas Lund
Name of Candidate or Committee (in full)2091 Magy Lane
Address (number and street)Green Bay WI 54313
City, State, Zip

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.

Signature of Committee Treasurer or Candidate

Date

Daytime Phone

EB-2a (Rev. 9/98) (Reformatted 3/98) (Y2K 9/99)

3/30920 591-2663**SHORT FORM – Use For “No
Activity” Reporting Period*******End of Report*****

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

MOYNIHAN COMMITTEE FOR RESPONSIBLE GOVERNMENT

Street Address

2444 BARCOCK ROAD

City, State and Zip Code

ASHWAUBENON, WI 54313



OFFICE USE ONLY

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

- ☐ January Continuing _____
 ☐ Pre-Primary _____
 ☒ Spring
 ☐ Fall
 ☐ Special
 ☐ Termination Report also complete Schedule 4
- ☐ July Continuing _____
 ☒ Pre-Election _____
- ☐ September Continuing _____

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

| | Column A This Period | Column B Calendar Year-To-Date |
|---|-------------------------|--------------------------------------|
| 1A. Contributions (Including Loans) from Individuals | \$ 50.00 | \$ 50.00 |
| 1B. Contributions from Committees (Transfers-In) | \$ — | \$ — |
| 1C. Other Income and Commercial Loans | \$ — | \$ — |
| TOTAL RECEIPTS (Add totals from 1A, 1B and 1C) | \$ 50.00 | \$ 50.00 |

2. DISBURSEMENTS

| | | |
|--|------|------|
| 2A. Gross Expenditures | \$ — | \$ — |
| 2B. Contributions to Committees (Transfers-Out) | \$ — | \$ — |
| TOTAL DISBURSEMENTS (Add totals from 2A and 2B) | \$ — | \$ — |

CASH SUMMARY

| | |
|---|-----------|
| Cash Balance Beginning of Report | \$ 200.00 |
| Total Receipts | \$ 50.00 |
| Subtotal | \$ 250.00 |
| Total Disbursements | \$ — |
| CASH BALANCE END OF REPORT | \$ 250.00 |
| INCURRED OBLIGATIONS (Balance at the Close of This Period-3A) | \$ — |
| LOANS (Balance at the Close of This Period-3B) | \$ — |

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

| | | |
|--|-------------------------------------|-----------------------------|
| Type or Print Name of Candidate or Treasurer | Signature of Candidate or Treasurer | Date: |
| PATRICK W. MOYNIHAN, JR. | <i>Patrick W. Moynihan</i> | 03/28/16 |
| Email: patrickmoynihanjr@gmail.com | | Daytime Phone: 920-593-4411 |

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

SCHEDULE 1-A
RECEIPTS
Contributions (Including Loans) From Individuals

Page 1 of 1

Complete Committee Name

MOYNIHAN COMMITTEE FOR RESPONSIBLE GOVERNMENT

Instructions for completing schedules are on the back of each schedule.

| Date | Full Name, Mailing Address and Zip Code Of Contributor | Occupation (If year-to-date total exceeds \$200) | Amount of Contribution | Y-T-D Total |
|---------|--|--|---------------------------|----------------|
| 2.15.14 | BRADLEY D. TOLL 1246 PRAIRIE FAULT TRAIL GREEN BAY, WI 54313 | | \$ 50.00 | \$ 50.00 |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | | |

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 50.00

50.00

TOTAL ITEMIZED CONTRIBUTIONS

\$ 50.00

50.00

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$ —

—

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 50.00

50.00

*****End of Report*****

Pg. 2

Campaign Finance Report

Short Form ETHCF-2a

Ethics ID Number

☐ Spring ☐ Fall ☐ Special ☐ Pre-Primary ☐ Continuing Report due Jan. 15, ____
☒ Spring ☐ Fall ☐ Special ☐ Pre-Election ☐ Continuing Report due July 15, ____
☐ Continuing Report due 4th Tues Sept., ____

Name of Candidate or Committee (in full) Andy Nichols
 Address 8001 Park Dr
Green Bay WI 54311 465 3564
 Daytime Phone

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Signature of Committee Treasurer or Candidate [Signature] Date 4/21/16 Email Address None
 ETHCF-2a | Rev 6/1/2016 | Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 |
 Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://cfis.wi.gov> | Email: GABCFIS@wi.gov



Pg. 1

End of Report

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

Citizens For William Peters

Street Address

233 N. Ashland Ave.

City, State and Zip Code

Green Bay, WI 54303



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

- ☐ January Continuing _____
 ☐ Pre-Primary _____
 ☒ Spring
 ☐ Fall
 ☐ Special
 ☐ Termination Report also complete Schedule 4
- ☐ July Continuing _____
 ☒ Pre-Election *2016*
- ☐ September Continuing _____

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

| | Column A This Period | Column B Calendar Year-To-Date |
|---|-------------------------|--------------------------------------|
| 1A. Contributions (Including Loans) from Individuals | \$ <i>933.00</i> | \$ <i>933.00</i> |
| 1B. Contributions from Committees (Transfers-In) | \$ <i>200.00</i> | \$ <i>200.00</i> |
| 1C. Other Income and Commercial Loans | \$ <i>-</i> | \$ <i>-</i> |
| TOTAL RECEIPTS (Add totals from 1A, 1B and 1C) | \$ <i>1133.00</i> | \$ <i>1133.00</i> |

2. DISBURSEMENTS

| | | |
|--|------------------|------------------|
| 2A. Gross Expenditures | \$ <i>513.90</i> | \$ <i>513.90</i> |
| 2B. Contributions to Committees (Transfers-Out) | \$ <i>-</i> | \$ <i>-</i> |
| TOTAL DISBURSEMENTS (Add totals from 2A and 2B) | \$ <i>513.90</i> | \$ <i>513.90</i> |

CASH SUMMARY

| | |
|---|-------------------|
| Cash Balance Beginning of Report | \$ <i>0.00</i> |
| Total Receipts | \$ <i>1133.00</i> |
| Subtotal | \$ <i>1133.00</i> |
| Total Disbursements | \$ <i>513.90</i> |
| CASH BALANCE END OF REPORT | \$ <i>619.10</i> |
| INCURRED OBLIGATIONS (Balance at the Close of This Period-3A) | \$ |
| LOANS (Balance at the Close of This Period-3B) | \$ |

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

| | |
|---|---|
| Type or Print Name of Candidate or Treasurer <i>William Peters</i> | Signature of Candidate or Treasurer <i>[Signature]</i> Date: <i>3/28/16</i> Email: <i>williamjosephjr@icloud.com</i> Daytime Phone: <i>883-0301</i> |
|---|---|

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

SCHEDULE 1-A
RECEIPTS
Contributions (Including Loans) From Individuals

 Page 1 of 3

Complete Committee Name

William Peters

Instructions for completing schedules are on the back of each schedule.

| Date | Full Name, Mailing Address and Zip Code Of Contributor | Occupation (if year-to-date total exceeds \$200) | Amount of Contribution | Y-T-D Total |
|-----------|--|--|---------------------------|----------------|
| 1/30/2016 | Mary Peters 3188 Tobermory Dr Green Bay, WI 54311 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | 100.00 | 100.00 |
| 2/1/2016 | Sue Premo 433 S. Huron St De Pere, WI 54115 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | 20.00 | 20.00 |
| 3/2/2016 | Jalie Sevenich 2394 Riverside Dr Green Bay, WI 54301 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | 50.00 | 50.00 |
| 3/21/2016 | Jim Ridderbush 1054 6th St Green Bay, WI 54304 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | 50.00 | 50.00 |
| 2/15/2016 | William Peters 233 N. Ashland Ave. Green Bay, WI 54303 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | 250.00 | 250.00 |
| 1/30/2016 | Lori Baker 149 N. Oakland Ave. Green Bay, WI 54303 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | 25.00 | 25.00 |
| 1/30/2016 | Dona Schmitt 509 Spring St. Green Bay, WI 54301 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | 25.00 | 25.00 |

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 520.00 520.00

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$

Pg. 2

SCHEDULE 1-A
RECEIPTS
Contributions (Including Loans) From Individuals

 Page 2 of 3

Complete Committee Name

William Peters

Instructions for completing schedules are on the back of each schedule.

| Date | Full Name, Mailing Address and Zip Code Of Contributor | Occupation (if year-to-date total exceeds \$200) | Amount of Contribution | Y-T-D Total |
|---------------|---|--|---------------------------|----------------|
| 1/30/ 2016 | Rosanna Scannell 854 Deussen St. Green Bay, WI 54303 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | 20.00 | 20.00 |
| 2/11/ 2016 | Dan Spielmann 3729 Champeau Rd. New Franken, WI 54229 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | 25.00 | 25.00 |
| 2/26/ 2016 | Dan Theno 621 Schwartz St. Green Bay, WI 54302 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | 50.00 | 50.00 |
| 3/15/ 2016 | Dr. John Mills 1699 Twin Lakes Circle Green Bay, WI 54311 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | 50.00 | 50.00 |
| 3/10/ 2016 | Rashad Cobb 1725 Park St Green Bay, WI 54303 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | 100.00 | 100.00 |
| 3/10/ 2016 | Jeane Bissen 2848 Marjedge St Fitchburg, WI 53511 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | 50.00 | 50.00 |
| 3/27/ 2016 | Andrew Kruse 320 N. Oakland Ave Green Bay, WI 54303 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | 35.00 | 35.00 |

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 330.00 330.00

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$

Pg. 3

RECEIPTS Contributions (Including Loans) From Individuals

Complete Committee Name

William Peters

Instructions for completing schedules are on the back of each schedule.

| Date | Full Name, Mailing Address and Zip Code Of Contributor | Occupation (if year-to-date total exceeds \$200) | Amount of Contribution | Y-T-D Total |
|------|--|--|---------------------------|----------------|
| | George Foote 1126 Chicago St Green Bay, WI 54301 | | 25.00 | 25.00 |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | | |
| | Larry Ferry 219 N. Ashland Ave Green Bay, WI 54303 | | 20.00 | 20.00 |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | | |
| | Anonymous Contributions | | 38.00 | 38.00 |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | | |
| | | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | | |
| | | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | | |
| | | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | | |

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 45.00 45.00

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$ 38.00 38.00

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 933.00 933.00

Pg. 4

SCHEDULE 1-B

RECEIPTS
Contributions from Committees
(Transfers-In)

Page 1 of 1

Complete Committee Name

William Peters

Instructions for completing schedules are on the back of each schedule.

| Date | Full Name of Committee, Mailing Address and Zip Code | Committee Ethics ID Number | Amount of Contribution |
|-----------|---|----------------------------|------------------------|
| 3/14/2016 | Friends of Eric Gerich 1089 Division St, Green Bay, WI 54303 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | | 100.00 |
| 2/29/2016 | Democratic Party of Brown County 118 S Chestnut Ave 118 S Chestnut Ave Green Bay, WI 54303 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | | 100.00 |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | | |

SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE

\$ 200.00

TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES

\$ 200.00
Pg. 5

SCHEDULE 2-A
DISBURSEMENTS
 Gross Expenditures

 Page 1 of 1

Complete Committee Name

William Peters

Instructions for completing schedules are on the back of each schedule.

| Date | Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made | Specific Purpose of Expenditure | Amount |
|----------------|---|--|--------|
| Feb. 2016 | PayPal.com Check if: <input type="checkbox"/> In-Kind Offset | Pay Pal Fees | 7.30 |
| March 2016 | PayPal.com Check if: <input type="checkbox"/> In-Kind Offset | Pay Pal Fees | 3.20 |
| 1/18/1 2016 | Digi Copy 211 E. Walnut St. Green Bay, WI 54301 Check if: <input type="checkbox"/> In-Kind Offset | Cost of printing door cards | 63.00 |
| 2/18/1 2016 | Democratic Party of Brown County 118 S. Chestnut Ave. Green Bay, WI 54303 Check if: <input type="checkbox"/> In-Kind Offset | Purchase of Voter Activation Network | 146.61 |
| 2/23/ 2016 | Fricke Printing 2011 S. 14th St Manitowoc, WI 54220 Check if: <input type="checkbox"/> In-Kind Offset | Printing cost of Door cards | 293.79 |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$ 513.90

TOTAL ITEMIZED EXPENDITURES

\$ 513.90

TOTAL UNITEMIZED EXPENDITURES

\$ 0.00

TOTAL EXPENDITURES

\$ 513.90

End of Report

Pg. 6

CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN

Is This Report an Amendment: ☐ Yes ☐ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

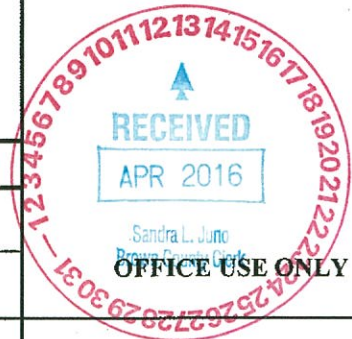
Citizens for Sieber

Street Address

4190 Maskers Lane

City, State and Zip Code

Green Bay, WI 54311



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

☐ January Continuing ☐ Pre-Primary ☐ Spring ☐ Fall ☐ Special
☐ July Continuing ☒ Pre-Election 16 ☒ Spring ☐ Fall ☐ Special

☐ Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

| | Column A This Period | Column B Calendar Year-To-Date |
|---|-------------------------|--------------------------------------|
| 1A. Contributions (Including Loans) from Individuals | \$ 100.00 | \$ 915.00 |
| 1B. Contributions from Committees (Transfers-In) | \$ | \$ |
| 1C. Other Income and Commercial Loans | \$ | \$ |
| TOTAL RECEIPTS (Add totals from 1A, 1B and 1C) | \$ 100.00 | \$ |

2. DISBURSEMENTS

| | | |
|--|----|-----------|
| 2A. Gross Expenditures | \$ | \$ 148.57 |
| 2B. Contributions to Committees (Transfers-Out) | \$ | \$ |
| TOTAL DISBURSEMENTS (Add totals from 2A and 2B) | \$ | \$ |

CASH SUMMARY

| | |
|---|-----------|
| Cash Balance Beginning of Report | \$ 755.18 |
| Total Receipts | \$ 100.00 |
| Subtotal | \$ 855.18 |
| Total Disbursements | \$ |
| CASH BALANCE END OF REPORT | \$ 855.18 |
| INCURRED OBLIGATIONS (Balance at the Close of This Period-3A) | \$ |
| LOANS (Balance at the Close of This Period-3B) | \$ |

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

Tom Sieber

Signature of Candidate or Treasurer

Tom Sieber

Date:

4-2-16

Daytime Phone: 920 680 6366

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

SCHEDULE 1-A
RECEIPTS
Contributions (Including Loans) From Individuals

Page ____ of ____

Complete Committee Name

Tom Sieber

Instructions for completing schedules are on the back of each schedule.

| Date | Full Name, Mailing Address and Zip Code | Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) | Amount | Calendar Year-to-Date Total |
|--------|---|---|--------|-----------------------------|
| 1/5/16 | Card Wielgos | | 50.00 | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit | Conduit Name: _____ | | |
| 2/4/16 | Dorothy Jungst 846 Cornelius Dr 54311 | | 50.00 | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit | Conduit Name: _____ | | |
| / / | Full Name, Mailing Address and Zip Code | Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) | Amount | Calendar Year-to-Date Total |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit | Conduit Name: _____ | | |
| / / | Full Name, Mailing Address and Zip Code | Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) | Amount | Calendar Year-to-Date Total |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit | Conduit Name: _____ | | |
| / / | Full Name, Mailing Address and Zip Code | Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) | Amount | Calendar Year-to-Date Total |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit | Conduit Name: _____ | | |
| / / | Full Name, Mailing Address and Zip Code | Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) | Amount | Calendar Year-to-Date Total |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit | Conduit Name: _____ | | |
| / / | Full Name, Mailing Address and Zip Code | Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) | Amount | Calendar Year-to-Date Total |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit | Conduit Name: _____ | | |

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 100.00

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$

End of Report

Pg. 2

CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

SWEENEY FOR County Board

Street Address

2563 TURBURY ROAD

City, State and Zip Code

GREEN Bay, WI 54313



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

☐ January Continuing _____
☐ July Continuing _____
☐ September Continuing _____
☐ Pre-Primary _____ *FEB 2 - March 21, 2016*
☒ Pre-Election *2016* ☒ Spring ☐ Fall ☐ Special

☒ Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

| | Column A This Period | Column B Calendar Year-To-Date |
|---|-------------------------|--------------------------------------|
| 1A. Contributions (Including Loans) from Individuals | \$ <i>71781</i> | \$ <i>1,71781</i> |
| 1B. Contributions from Committees (Transfers-In) | \$ | \$ |
| 1C. Other Income and Commercial Loans | \$ | \$ |
| TOTAL RECEIPTS (Add totals from 1A, 1B and 1C) | \$ <i>71781</i> | \$ <i>1,71781</i> |

2. DISBURSEMENTS

| | | |
|--|-------------------|-------------------|
| 2A. Gross Expenditures | \$ <i>1,61781</i> | \$ <i>1,71781</i> |
| 2B. Contributions to Committees (Transfers-Out) | \$ | \$ |
| TOTAL DISBURSEMENTS (Add totals from 2A and 2B) | \$ <i>1,61781</i> | \$ <i>1,71781</i> |

CASH SUMMARY

| | |
|---|-------------------|
| Cash Balance Beginning of Report | \$ <i>900.00</i> |
| Total Receipts | \$ <i>81781</i> |
| Subtotal | \$ <i>1,71781</i> |
| Total Disbursements | \$ <i>1,71781</i> |
| CASH BALANCE END OF REPORT | \$ <i>-0-</i> |
| INCURRED OBLIGATIONS (Balance at the Close of This Period-3A) | \$ <i>-0-</i> |
| LOANS (Balance at the Close of This Period-3B) | \$ <i>-0-</i> |

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

| | | |
|--|---|------------------------------------|
| Type or Print Name of Candidate or Treasurer <i>Raymond Sweeney</i> | Signature of Candidate or Treasurer <i>Ray Sweeney</i> | Date: <i>3/26/16</i> |
| Email: <i>RAY.SWEENEY@yaho.com</i> | | Daytime Phone: <i>920-606-0289</i> |

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

SCHEDULE 1-A
RECEIPTS
Contributions (Including Loans) From Individuals

 Page 1 of 1

Complete Committee Name

SWEENEY FOR COUNTY BOARD

Instructions for completing schedules are on the back of each schedule.

| Date | Full Name, Mailing Address and Zip Code Of Contributor | Occupation (If year-to-date total exceeds \$200) | Amount of Contribution | Y-T-D Total |
|------|--|--|---------------------------|----------------|
| 2/5 | Raymond Sweeney 2563 Throbury Road Galesburg, WI 54313 | Compliance Manager | 717.81 | 1,717.81 |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | | |

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 717.81 1,717.81

TOTAL ITEMIZED CONTRIBUTIONS

\$ 717.81 1,717.81

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$ — —

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 717.81 1,717.81

Pg. 2

SCHEDULE 2-A
DISBURSEMENTS
 Gross Expenditures

 Page 1 of 1

Complete Committee Name

SWEENEY FOR COUNTY BOARD

Instructions for completing schedules are on the back of each schedule.

| Date | Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made | Specific Purpose of Expenditure | Amount |
|--------|--|---------------------------------|---------|
| 2/8/16 | ARLE OF MAD 1314 PORTER GREEN BAY, WI 54301 Check if: <input type="checkbox"/> In-Kind Offset | YARD SIGAL | 135.00 |
| 2/9/16 | COLORMASTER PRINTING 1259 VELD AVE GREEN BAY WI 54303 Check if: <input type="checkbox"/> In-Kind Offset | PRINTING MAILERS & POSTAGE | 1241.10 |
| 2/9/16 | RAYMOND SWEENEY 2563 TURNBURY RD GREEN BAY, WI 54313 Check if: <input type="checkbox"/> In-Kind Offset | PAPER, PRINTING, INK POSTAGE | 241.71 |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

 \$ 1,617.81

TOTAL ITEMIZED EXPENDITURES

 \$ 1,617.81

TOTAL UNITEMIZED EXPENDITURES

 \$ —

TOTAL EXPENDITURES

 \$ 1,617.81

Pg. 3

SCHEDULE 4**TERMINATION REQUEST**

Complete Committee Name

SURRENDER FOR COUNTY BOARD

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.
- Please note: An audit must be completed and all obligations, including settlement offers, fulfilled before termination can be granted. All records must be maintained until 3 years after the date of an election in which the registrant participates, even if termination is granted. (Per Wis. Stats. 11.0201(4), 11.0301(4), 11.0401(4), 11.0501(4), 11.0601(4), 11.0801(4), 11.0901(4))

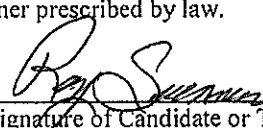
DISPOSAL OF RESIDUAL FUNDS*THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.*

| Date | Recipient | Amount |
|------|-------------|--------|
| | <i>NONE</i> | |

LOAN OR DEBT FORGIVENESS*I hereby forgive all personal loans or have assumed responsibility for any and all debts of my campaign committee.*

| Date | Endorser, Guarantor, or Creditor | Amount |
|------|----------------------------------|--------|
| | <i>NONE</i> | |

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.


Signature of Candidate or Treasurer*3/24/16*
Date*****End of Report******Pg. 4*

| | | |
|--|--------------------------|---|
| Campaign Finance Report Short Form ETHCF-2a | | Ethics ID Number <u>0105594</u> |
| <input type="radio"/> Spring <input type="radio"/> Fall <input type="radio"/> Special | Pre-Primary _____ | <input type="radio"/> Continuing Report due Jan. 15, _____ |
| <input checked="" type="radio"/> Spring <input type="radio"/> Fall <input type="radio"/> Special | Pre-Election <u>2016</u> | <input type="radio"/> Continuing Report due July 15, _____ |
| | | <input type="radio"/> Continuing Report due 4 th Tues Sept., _____ |

ERIC WINBERGER, FRIENDS OF ERIC WINBERGER
 Name of Candidate or Committee (in full)

1196 PINE STREET GREEN BAY WI 54301
 Address

920 475-0090
 Daytime Phone

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

| | | |
|---|--------------------|---------------------------------|
| Signature of Committee Treasurer or Candidate | Date | Email Address |
| <u>[Signature]</u> | <u>23 MAR 2016</u> | <u>eric.winberger@yahoo.com</u> |

ETHCF-2a | Rev 01/2016 | Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 |
 Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://cfis.wi.gov> | Email: GABCFIS@wi.gov



**Short Form for use
 "No Activity" Reporting**

*****End of Report*****